

# South Asian Heritage

Association of Hamilton and Region (SAHAHR)



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## MEMBERSHIP FORM

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Facebook \_\_\_\_\_ Other type of contact \_\_\_\_\_

What type of activities you would like to participate in?

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What skills can you offer SAHAHR?

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